MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589597

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS	0	430400	27		0	

PTO - 1360 (REV. 04/2007)

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TOTAL DEP.	0	-	0		0	4			
TOTAL CLAIMS	0		0	7	0				

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